

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/920, 954	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7	/						57			
8	/						58			
9	/						59			
10	/						60			
11	/						61			
12	/						62			
13	/						63			
14	/						64			
15	/						65			
16	/						66			
17	/						67			
18	/						68			
19	/						69			
20	/						70			
21	/						71			
22	/						72			
23	/						73			
24	/						74			
25	/						75			
26	/						76			
27	/						77			
28	/						78			
29	/						79			
30	/						80			
31	/						81			
32	/						82			
33	/						83			
34	/						84			
35	/						85			
36	/						86			
37	/						87			
38	/						88			
39	/						89			
40	/						90			
41	/						91			
42	/						92			
43	/						93			
44	/						94			
45	/						95			
46	/						96			
47	/						97			
48	/						98			
49							99			
50							100			
TOTAL IND.	/						TOTAL IND.			
TOTAL DEP.	41						TOTAL DEP.			
TOTAL CLAIMS	42						TOTAL CLAIMS			